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## BIB DATA SHEET

CONFIRMATION NO. 7666

<b>SERIAL NUMBER</b> 10/789,620	<b>FILING or 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> E3383-00096	
<b>APPLICANTS</b> Elof Eriksson, Wellesley, MA; Christian Baker, Weymouth, MA; W. Robert Allison, Sudbury, MA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/450,375 02/27/2003 /MM/ 6/15/2009 <b>** FOREIGN APPLICATIONS *****</b> none 6/15/2009 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/20/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /MICHAEL G MENDOZA/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 14	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> DUANE MORRIS LLP - Philadelphia IP DEPARTMENT 30 SOUTH 17TH STREET PHILADELPHIA, PA 19103-4196 UNITED STATES					
<b>TITLE</b> Method and apparatus for processing dermal tissue					
<b>FILING FEE RECEIVED</b> 1116	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		